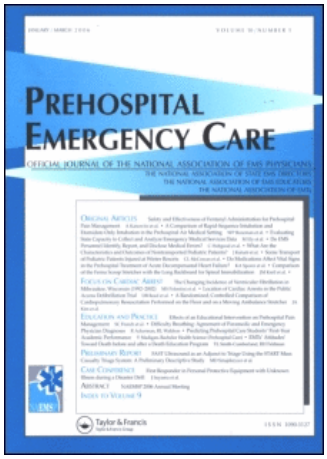

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Alternate Airways in the Out-of-Hospital Setting Position Statement of the National Association of EMS Physicians

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POSITION PAPER

ALTERNATE AIRWAYS IN THE OUT-OF-HOSPITAL SETTING
POSITION STATEMENT OF THE NATIONAL ASSOCIATION OF EMS PHYSICIANS

While endotracheal intubation (ETI) has been central to advanced prehospital airway management for over 30 years, ETI efforts are not always successful or possible. In addition, there may be situations where ETI efforts are anticipated to be difficult or futile. To ensure that every patient has a patent airway, alternate airways (non-ETI airway management devices) should be available to all prehospital rescuers that perform ETI. The NAEMSP recommends the following for emergency medical services (EMS) agencies that provide advanced life support level care:

- All agencies should have available for use at least one blindly inserted nonsurgical airway device as a rescue or alternative to ETI.
- Rescuers must receive adequate initial and continuing training in the use and application of alternate airways, including training in difficult airway management and decision making.
- Medical directors should implement quality assurance and improvement initiatives to ensure adequate training in and appropriate clinical application of alternate airways.
- There is insufficient evidence to either support or refute a recommendation that all agencies have a surgical airway technique (surgical cricothyroidotomy, percutaneous cricothyroidotomy, transtracheal jet ventilation, etc.) available for use.

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